

## Summons and Complaint Return of Service

Case No. 2:10-cv-13243-NGE -MKM  
Hon. Nancy G Edmunds

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Defendant  
Served:

United States Attorney

Date of Service:

09/02/2010

### Method of Service

\_\_\_\_ Personally served at this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Left copies at defendant's usual place of abode with (name of person):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X Other (specify): **Certified Mail**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Returned unexecuted (reason):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Fees:** Travel \$ \_\_\_\_\_ Service \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

### Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

\_\_\_\_\_

Signature of Server:

\_\_\_\_\_

Date:

\_\_\_\_\_

Server's Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? If YES, enter delivery address below:		
<div style="text-align: center;">SEP 02 2010</div>		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express-Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured-Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540